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SEWER GAS AND HOW TO PROTECT OUR DWELLINGS.*

BY A. VARONA, M. D.

LECTURE I.—PART I.

FOR the sake of clearness, it would be well to define and establish the proper limits of five distinct propositions which the subject matter embodies.

1. What is this so-called sewer gas?
2. What are the relations between sewer gas and disease?
- *3. Under what conditions is sewer gas generated?
4. How does it find its way into our dwellings?
5. How are we to protect ourselves?

Two of these stand in the field of sanitary science proper, the other three belong, perhaps by better right, to the allied science of sanitary engineering. Their connection, however, is so intimate, that we could not thoroughly discuss those belonging to the first without entering into a full consideration of those related to the second.

NECESSITY OF SANITARY MEASURES.

Man considered individually differs widely from man viewed as one of the aggregates that form the complex social organism.

Individually his wants are few, his relations to his surroundings simple. Aggregately his wants are multiplied by the wants of those around him. His relations increase in complexity as the organization of which he is a member increases in numbers.

* This being one of a series of LECTURES ON SANITARY SCIENCE which are to be published in book-form, all rights are reserved.—[Eds.]

Leading an individual existence, removed from the habitations of other men, surrounded by nature, he readily finds the three things essential to his maintenance, pure air, pure water, unadulterated food. He scatters the waste products of his intrinsic and extrinsic economy upon the soil around him, where vegetation at once preys upon them, nourishes itself with them, elaborates them, returns them to him reconverted into pure air, pure water and wholesome food. Thus the chain of life goes on in uninterrupted cycles. It is the law of nature.

But as men congregate vegetation is banished from their immediate environment, the simple commerce between animal and vegetable life is impeded, the return to the earth of what belongs to the earth is retarded, the cycle is interrupted. As no law of nature can be broken with impunity, this interruption is fatal to the transgressors. The presence of the waste products of the animal economy is fatal to animal life. Their prompt removal from human contact becomes, therefore, a question of vital importance.

In a congregation of men, be it a settlement, market-place, army encampment, village or town, it is not enough that the individual should dispose of his own refuse in a manner not offensive to himself, but also in such a way as not to injure his neighbor.

This duty being reciprocal, it is obvious that all the members of a community are equally interested in its compliance, the neglect of one may bring suffering to all.

As there are always in large assemblies some who from various motives fail to comply with their duties, the rest are compelled to protect themselves against this indifference, and sanitary laws and measures spring into existence.

Of these, some of the most important are the introduction of an abundant supply of water

into the dwellings, the construction of channels for the removal of the same after it has been used, without which the free enjoyment of water would be impossible, and the utilization of this abundant discharge of soiled water to carry away the waste products of the population.

To this mixture of water and refuse, the term "sewage" is applied, and the conduits that carry it off, are called "sewers."

COMPOSITION OF SEWAGE.

Sewage consists, in addition to human ordure, both solid and liquid, of water from kitchens, containing vegetable, animal and other refuse, the water from wash-tubs, containing soap, and the animal matter from soiled linen, the drainage from stables, cow houses, pig stys and slaughter houses, containing animal and vegetable offal, the water from factories, the trades and the streets, containing animal matter and refuse of all sorts.

The chemical composition of sewage in towns using the modern closet, is on an average to

- 1 gallon of water.
- 20 grains of organic matter.
- 6 grains of nitrogen.
- 1½ grains of phosphoric acid.
- 2 grains of potash.

In towns where streets are not used, the difference in organic matter is not as great as might at first be supposed, being only from one to ten parts less in one hundred thousand. There is also a difference in the composition of sewage at different hours, day sewage containing twice as much organic matter as night sewage.

Under the microscope, sewage is found to contain a quantity of dead and decaying animal matter, and, in addition, multitudes of living bacteria, amorphous bodies, ciliated infusoria, fungi, a few diatoms and occasionally rotifers and other higher organisms.

SEWER GASES.

The tendency of such a complex liquid as sewage, is naturally to undergo decomposition, and if the conditions are favorable, to resolve itself into its simplest elements.

If we bear in mind that of the four chief elements which in various combinations make up organic matter, three are gases, that is, substances of great molecular activity, that these in combination with carbon, are held in solution or suspension by water, the molecular mobility of which is such that its fluid and solid masses

are constantly passing into the form of vapor, it is not to be wondered that before these substances reach their ultimate elementary condition, they should pass through intermediate rearrangement of molecules, and different gases should be evolved.

These gases are well known to you; they have been isolated; we are familiar with their properties, such are

Nitrogen, N.

Carburated hydrogen, or coal gas, C⁴ H² H.

Light carburated hydrogen, or marsh gas, C H².

Sulphurated hydrogen, S H².

Ammonia, N H³.

Sulphide of ammonium, S H⁴ N.

Carbonic acid, C O².

Carbonic oxide, C O.

Carbo ammoniacal vapors.

It must not be supposed, however, that decomposing sewage constantly emits any one of these gases in an isolated state, nor all of them in combination at any one time. The emanations assume sometimes one form, sometimes another, according to the organic and mineral substances in the sewage, its velocity, temperature, amount of possible oxidation, degree of sunlight, and other conditions.

As for the composition of any definite sewer gas, the only available analysis is that made by the Sewer Department of Paris of the gas which bubbles up to the surface from the sewer beds at the bottom of the river Seine, and which is probably not unlike what we would find at the foot of some of our East River piers, in Gowanus Canal, or Newtown Creek, in the vicinity of sewer outlets.

The above-mentioned analysis gave as a result:

Carburated hydrogen	72.88
Sulphurated hydrogen	6.70
Carbonic acid	12.30
Carbonic oxide	2.54
Other substances	5.68

In parts 100.00

Gases are liberated in stagnant sewage at the rate of 1½ cubic inches per gallon per hour, the quantity being susceptible of great increase by high temperature, and decrease by velocity and dilution.

(To be continued.)

MEDICAL DEGREES: WHAT DO THEY SIGNIFY, AND HOW SHOULD THEY BE CONFERRED?

BY H. L. WALDO, M.D.

I THINK I state simply the truth when I say that, at the present time in this country a medical degree signifies nothing at all; that is, when we are told that a man has the degree of Doctor of Medicine we are not at all sure that he is capable of diagnosing scarlet-fever from small-pox, or that he can prescribe for either one of these diseases in accordance with any system of therapeutics known at the present day. We are not even sure that he can speak his native language with correctness, or that he can write a letter that would not bring a smile to the face of any grammar-school scholar, by reason of its many errors. From the fact that the man has a degree we are sure simply of this, that he has paid a graduation fee, probably that he has attended a portion of the lectures delivered during two terms of some medical college, and that he has, during three successive years, spent an occasional hour in the office of some physician.

It is useless for us to hope for anything better than this while the power of conferring degrees is vested in our medical schools. By this I do not wish to be understood as insinuating that among the alumni of all our medical colleges are to be found men as ignorant as the one I have mentioned, for I am well aware that many of our colleges, and I think particularly the homœopathic colleges in the country, require a high standard of proficiency. But, while some require this high standard, there are others in which the faculties are not so particular about the number of questions answered correctly by the candidate. They are not disposed to reject a graduation thesis, accompanied by the graduation fee, even though the ideas expressed be crude, though the grammatical structure of the sentences be peculiar, and the orthography savor a little of the old English style.

Let us suppose that a young man of more than ordinary ability, with a good English and classical education, begins the study of medicine. He reads medical works at least eight hours a day for three years, and attends three courses of lectures in the best medical college in the country, and at the end of the third year undergoes a rigid examination, and receives the

degree of Doctor of Medicine. This young man makes the study of medicine a life work. By his previously acquired habits of study, he is fitted to make advancements in the field of science, and to inspire educated men with respect for the medical profession as *one of the learned professions*.

Now let us suppose the case of a young man whose early advantages have been poor, and whose natural ability is small. His education is such as could be secured by attendance at school during a few weeks each winter. He is obliged to earn his support by manual labor, and he is not disposed to cultivate the acquaintance of books. He notices the apparent ease with which the village physician procures a livelihood, and decides, not to study medicine, but to become a doctor. He continues his labor during the summer, visits an occasional patient with the old doctor, his preceptor, and spends three months each winter for two years attending medical lectures; but he does not attend the same medical college as the first young man mentioned, the requirements there are too high. He has no taste for study, and his great object is, not to become a learned physician, but to, as speedily as possible, put himself in a situation to earn his living by the practice of medicine. He is not willing to do the necessary study that will enable him to pass the examination of some one of our best colleges, so he selects a college from whose doors a medical student is seldom sent without a diploma. At the close of his lecture course, he too receives the degree of Doctor of Medicine, and stands before the law and in the eyes of the community, on a par with that physician who has obtained his degree after years of study and the most thorough training.

So long as the faculties of our medical colleges have the power of conferring degrees and licenses to practice, so long will instances like the one I have just related frequently occur. If not in this State, certainly in neighboring States, there will be no lack of medical faculties who will meet all the demands for diplomas that may occur.

This evil can only be remedied by entirely separating the licensing from the teaching interest. Let a young man obtain all the knowledge he can from every available source, let him attend the best or the poorest medical college, or no college at all, but when he desires to prac-

tice let him go before a board of examiners, and pass an examination that shall entitle him to the degree of Doctor of Medicine.

Let there be a State Board composed of the best men of both schools, appointed either by the Board of Regents, by the Governor or by the Justices of the Supreme Court. Let this board examine candidates in all the branches of medical science and in all the accepted systems of therapeutics of the present day, and then let a degree be conferred by the State that shall be the only license to practice medicine within the limits of our commonwealth.

I would have the standard so high that at least one-third of the graduates of our medical colleges would fail to pass. But, in addition to a knowledge of medicinal science, I think something more should be required of a candidate for a medical degree. He should be required to pass a thorough examination in the common English branches, in the natural sciences, and in the Latin language, or some one of the modern languages. All this, and even more, is required of United States army surgeons; and is it not right that a physician should be required to have made attainments in science outside of his profession? Is it not necessary that in order that a man may properly investigate the complicated questions in medical science he should have more than a common school education, and if this is the case, should not good evidence of this be required before the candidate enters upon the medical part of his examination. The medical profession used to be considered one of the learned professions, but it seems to me that claim can no longer be made for it as a profession, whatever may be true of individual members.

Let this proposed Board hold its sessions once or twice a year in the metropolis, and let the students of all our colleges appear before it for examination. That college whose students pass the best examination would be sure to have the most students the coming year, and thereby a healthy competition would be created among medical teachers which would tend to the elevation of the standard of proficiency.

Such a law would tend very strongly to break down the division walls between the two schools. Physicians of every therapeutical belief or of no belief at all, would be compelled to reach the same high standard, and there would be little disposition to call each other quacks on the part

of men who possessed the same degree, procured on the same examination.

All physicians would be compelled to investigate the claims of homeopathy, and, having studied carefully our law, would respect it, even though they did not adopt it. Those homœopathic physicians, on the other hand, who are sure that nothing useful can be learned from the *materia medica* of the old school, would not speak so slightly of that vast accumulation of knowledge after they had thoroughly studied its many departments.

The medical profession would then have the confidence of the community in a far greater degree than at present; to be a physician would be to be a man of culture, of varied and high attainments, and there would be no doubt on the part of any one of the ability of any man licensed to practice medicine. When this law had been in force a few years, there would be none in the profession to disgrace it by their ignorance. Men of limited education and no taste for a life of study would be excluded, while, at the same time, men of talent would be attracted by the lucrative fields no longer occupied by ignorant men. Competition within the profession would be directed in the line of intellectual and scientific attainments, and then might we with truth be styled a learned profession.

TUBERCULOSIS.

BY BUCK G. CABLETON, M.D., N. Y. CITY.

(Special Pathologist to the Hom. Hosp., Ward's Island.)

THE histology and pathology of tuberculosis was not until quite recently understood, and all inflammations that resulted in a caseous deposit were considered to be tuberculous in character. Laennec, one of our first writers on this subject, regarded it as a non-inflammatory growth, originating spontaneously in any tissue, and characterized by a regular succession of changes, to wit, first, gray and translucent; second, opaque, and finally caseous, or the gray or yellow tubercule, according to its stage of developments; but the ideas advanced by Laennec have been greatly modified by modern researches; so that the tubercule of to-day, anatomically speaking, is a minute nodule, varying in size, sometimes visible only upon a microscopic examination, (hence, tubercule was for a long time over-looked in the liver, spleen, and cerebral meninges;) again they reach the size of a pea or egg, as

sometimes found in the brain, testicles, and serous membranes; they are sharply defined, situated and originating in the lymph sheath of capillary vessels or lymphatic, sometimes from serous membranes composed of a reticulum; and in its meshes, cells of various size, shape and structure.

Virchow was the first to call attention to a distinct cell element in the gray tubercule; he demonstrated after a long and careful investigation of the subject, to be made up of a connective tissue frame-work, its meshes containing round, shining epitheloid cells, which differed from leucocytes, in being a little smaller; and with these he noticed the giant, or multinucleated cells, but gave them no special attention.

Langhans was the first to notice that the multinucleated cells were always present in tuberculous nodules.

The giant cells are characterized by their large size, (varying to 0.04. mm. in diameter); the irregularity of their outline, having no limiting membrane; their composition of pale, finely granular protoplasm, containing from two to forty large vascular, dark and highly refractive nuclei, enclosing a bright nucleus. These cells are usually branched and connected with other cells of the same nature. As to the origin of these cells, authorities do not agree: some think them due to a chronic inflammatory process, when the grade of vitality is so low that it does not produce the tissue it ought, but aborts. Schueffel says they either originate from leucocytes or from the fixation of masses of protoplasm found floating in the blood. Buhl, on the contra, does not believe in either of the above theories; but says the giant cells originate from proliferated tissue cells.

Rindfleisch tells us that they are derived from the endothelium, while Colberg says that they take their origin from the capillary walls. The other variety of cells found in the stroma of the tuberculous nodule, between the multinucleated cells, and extending to its parifera, are the epitheloid cells, first described by Virchow. They are usually round, sometimes elongated; have no distinct cell wall, and composed of granular protoplasm, containing an oval nuclei somewhat contracted in form, and from .008 to 0.15. mm. in diameter. The stroma is composed of a connective tissue, consisting of many branched nucleated cells, having no blood vessels and probably no lymphatics; at the parifera of the

nodule the fibres are broader and denser, somewhat circular, and as it were, encircle the tubercule itself.

This tuberculous structure, multinucleated cells, and all, have been found in inflammatory structures said not to be tuberculous in character, to wit, the experiments of Dr. Ernest Ziergle, who introduced thin plates of glass (20 to 30 mm. long, by 30 to 25 mm. in width, cemented at each corner, so as to leave four capillary openings,) into the peritoneum of dogs, rabbits, and other animals, and removed them at various times, from the first to the seventh days, and within these capillary openings he found a structure, which in some of them differed in no respect from that found in tuberculosis. In these experiments he found that there was first an exudation of lymphoid cells, producing first multinucleated, then epitheloid cells, and finally a reticulum.

Now, as some of these slides did not present any signs of a tuberculous structure, might we not, with equal right, claim that this structure, which Dr. Ziergle says resembles tuberculous structure, is real tuberculous structure? As we well know that any inflammation in people with a certain, peculiar diathesis, are liable to take on a tuberculous condition; still granting that these animals did not have a tuberculous diathesis, and that the structures was not real tubercular tissue, although it contained giant cells; when we remember that the giant cell is always in true tuberculous tissue, and is usually wanting in other neoplasms, we see its great importance.

Von Wallenburg thinks that tuberculosis has its origin from the absorption of an irritating material. This inflammatory focus is not found in a healthy person, but only in one who has the peculiar diathesis. The tubercule is now considered as an infective inflammatory new formation of low type, developed upon a capillary or lymphatic, and characterized by its non-vascularity, except in its earliest stages, the vessels being gradually obliterated and no new ones are formed, as in the case in more highly developed inflammatory tissue.

These tubercles always undergo more or less metamorphosis, although its extent varies in different cases. This metamorphosis is the result of the cutting off of the blood vessels, which are in close proximity and incorporated in the tub-

erculous nodules. The change always begins in the centre of the nodule, this being the part which is the first to suffer from the deficient blood supply. The degeneration commencing in the rounded cells, it then invades the nuclei of the giant cell, then the cell itself, and at last the reticulum breaks down, and we have as a result of these changes, a yellow, fatty, granular debris, or the so-called "yellow tubercule." When the retrograde change is less marked, the reticulum becomes denser and more fibroid, and the nodule for the time is dense and hard, but will ultimately undergo more or less fatty metamorphosis, or it may result in cornification, a condition in which the nuclei alone undergoes a fatty metamorphosis, and the nodule is transformed into a hard, nodular mass.

This disease is usually general, but it may be restricted to a single organ, and hence the difference in some non-important parts of the structure of the nodule, as examined from different parts of the body. For example, in the tuberculous nodules of the lungs we find incorporated in it a large number of epithelial cells.

Fatty degeneration may result in re-absorption, which rarely occurs, and is complete only in the smallest, and results in a slight diminution of the larger nodules.

Calcification. This occurs alone very rarely, but is usually associated with cheesy metamorphosis. This effects both large and small nodules. When it occurs alone we have a stony mass as the result, and in rare cases they present a laminated appearance. When present with cheesy metamorphosis, we have a yellowish, gray, soft mass, with here and there a stony deposit.

Softening and Liquefaction. This is the usual result, and finally results either in a tuberculous ulcer, or abscess. The ulcers are to be found in the air passages, intestinal canal, urinary canal, sexual organs, serous and synovial membranes. The abscesses, found in the lungs, lymphatic glands, brain, testicles, prostates, suprarenal capsules, kidneys and breast. The ulcers are at first small, round and crater-like, with its surrounding walls infiltrated with a tuberculous substance, and have a characteristic peculiarity in growing in one direction, as for example, in the intestines, transversely in the direction of the villi. Exceptionally they extend in all directions, and finally uniting with each other.

The abscesses are round, varying in size, com-

posed of a thin, cheesy, purulent liquid, and more or less, of a yellowish crumbling mass. The walls are infiltrated in the same way as the ulcers. There is a great tendency to enlarge and open into each other, and cavities in close proximity pleura, peritoneum, bronchial tubes, etc. They rarely heal. Sometimes they become encapsulated, or again, after being emptied, a new connective tissue is formed, which cicatrizes and ultimately closes the cavity.

Tubercules grow, firstly by the division of newly formed nuclei; secondly, by extension along the connective tissue; thirdly, by the lymphatics or blood vessels, the last being the mode of origin of the secondary tubercule.

Tubercules occur at all ages. In children we find them most frequently in the bronchial and mesenteric glands, brain, lungs, spleen, liver, intestines, mucus and serous membranes and bones. In adults, as a primary affection, found in the lungs, lymphatic glands, urinary organs, genitals and intestinal canal, and secondarily it may make its appearance in all parts and tissues of the body.

PROGRESS OF GYNÆCOLOGY.*

BY MARY A. CLAPP-BRINKMAN, M. D.

Mr. President and Members of the Society:

In accepting the invitation extended to me by your Secretary to prepare a report of the progress of gynæcology during the past year, I have found it difficult to choose from the abundant literature in this department, what was likely to prove most desirable. In endeavoring to be brief, I can make no claim to completeness.

In a *résumé* of the cases of ovariectomy performed by T. Spencer Wells, read before the Obstetrical Society of London, July 4, 1877, he mentions nine cases which were operated on during pregnancy, in eight of which the mothers recovered. (*Bos. Med. and Sur. Jour.*, Mar. '77.) In five, pregnancy proceeded and living children were born after natural labor. Two cases came on soon after ovariectomy, but there was no unusual hemorrhage or difficulty, and four of the patients had borne children at various periods since the labor which followed the operation. Of his last 300 cases he used the drainage tube in eight only. He does not use it unless convinced there will be a large collection of fluid in the peritoneal cavity.

*Read before the Homœopathic Medical Society of the County of New York.

The treatment of ovarian cysts by electrolysis, as introduced by F. Fieber, of Vienna, has been largely discussed. The electrolytic treatment of ovarian cyst has thus far generally resulted unfavorably. Fatal peritonitis and supuration of the cyst has followed its use. We may remark a number of cases reported, in which considerable diminution in the size of the tumors resulted, and in which treatment was not followed by unpleasant symptoms. (*Med. Rec. and Am. Med. Jour. of Obst.*, Jan. '77.)

Where this method has been applied to solid uterine fibroids, the report is encouraging. Dr. T. G. Thomas, in the *Am. Obst. Jour.*, Jan. 2, '77, gives a synopsis of thirty-six cases recorded through a period of six years, by Drs. S. Gilman and Cutter, of Mass. In twenty-three cases the growths were arrested; in ten they were not. They were diminished in twenty-three; in thirteen not diminished. Two were malignant and two fatal. The tumors disappeared entirely in three cases, in one of which the growth was very large, and the patient had been given up to die. Three applications of three minutes each, were followed by entire disappearance and permanent cure.

We have heard the excellent report given before this Society by Dr. Butler of this city, on electrolysis. Dr. Cutter calls attention to food as a means of preventing and reducing the growth of fibroids. He thinks they are largely disorders of nutrition, due to an excess of carbohydrates, and recommends *animal food*. He reports seven cases where the growths were arrested and diminished by this diet. This question of food which lies at the very basis of animal life and health is attracting universal attention, and should his suggestion prove correct in this connection, it will be of incalculable value.

Batty's operation for the removal of the ovaries has recently been discussed before the *Am. Gyn. Soc.*, Oct., '77. Dr. Batty submitted the following resolutions for its application as a last resort, viz.:

In those cases where there is absence of the ulcers, in which life is endangered and health destroyed by the deficiency.

In cases where the uterine or vaginal cavity is obliterated and cannot be restored by surgery, if grave symptoms be present. In cases of epilepsy and insanity depending upon ovarian and uterine disease; cases of long protracted physi-

cal and mental suffering depending upon nervous and vascular conditions and perturbations, which have resisted all means of cure. It has also been suggested by Dr. Trenholme, of Montreal, as a last resort in cases of severe and exhausting hemorrhages occurring in connection with menstrual periods.

Some interesting cases were reported in 1875, when it was adopted for obstinate ovarian neuralgia. If there is a field for this operation its scope is limited. We might subscribe to the first two conclusions, but it is doubtful if there be many in our ranks who would accept the others. It must remain a matter of judgment with the physician.

A case pronounced to be uterine tumor by a number of physicians, is reported in the *American Homœopathist*, by Dr. Mary S. Blake, of Boston. It shows the need of thorough examination, and is a case wherein the introduction of the hand into the rectum was not only justifiable but was followed by brilliant results. There had been no stool for a lengthened period. Food in any form was not retained, neither could an enema be passed. Introducing the hand into the rectum, she found the supposed tumor to be a detached solid ball, about the size of a child's head at the sixth month of pregnancy. This was removed whole, as also a smaller one. For several years, owing to dyspeptic tendencies and to constipation, the patient had been in the habit of eating magnesia abundantly. The constipation had allowed particles to remain in the rectum, and by accretion the mass was formed.

The introduction of the whole hand into the rectum, for diagnostic purposes, brought into notice by the late Prof. Gustav Simon, of Heidelberg, a few years back, is now adopted by the profession at large. Rupture of the sphincter rarely follows, and incontinence of the feces is temporary. The hand should not go beyond the third bone of the sacrum; here the fingers can reach the brim. As a rule the hand should not exceed $9\frac{1}{2}$ inches in circumference. Women should have greater facility and safety in this examination, their hands being smaller.

The great value of rectal exploration in the diagnosis of uterine and ovarian tumors is already sufficiently appreciated.

The *New York Med. Jour.*, Sept. '77, contains a report by Dr. H. T. Hanks, of ante-flexion with severe dysmenorrhœa, ante-flexion at the junction

of the cervix with the body of the uterus, uterine catarrh with prolapsus, and a case of uterine and cervical catarrh, all treated successfully by rapid dilatation of the cervix. In ante-flexion he rotates the dilator and holds the organ retro-flexed fifteen minutes. While in this position the other dilators are used in rapid succession. He scraped the endometrium with a curette and applied a strong solution of *carbolic acid* by means of the uterine applicator. The benefit derived in these cases was probably due to relief of obstruction, thus releasing the venous circulation from hindrance. Thomas says that tents by dilating and compressing the inflamed tissue and spongy vessels will often cure the catarrhal inflammation of the endometrium. Acting in a manner similar to pressure in indolent ulcers. Dilatation for diagnostic purposes, in cases of uterine hemorrhage, has often been promptly followed by its arrest, and in some cases it has not returned.

Dr. James R. Agnew, of Va., reports in the *Med. Monthly*, Nov. 1871, the results obtained in three cases from the use of *gelseminum* in dilatation of the cervix uteri. In a case of retro-flexion he could not introduce the smallest bougie. He administered ten drops of the fluid extract of *gelseminum* every ten minutes, until thirty drops were taken. Immediately after he could pass a small sponge tent to the point of flexion. Four days later he gave it again and was able to pass a large bougie past the point of flexion. The same result followed its use in two other cases. These facts are interesting in connection with Dr. Fisher's experience, given before this Society at one of the recent meetings. He spoke of its usefulness to quickly dilate the rigid os in cases of eclampsia.

The *Dublin Jour. of Med. Sciences* has an article by Richard P. Halton, on excoriations of the os and cervix uteri, in which he calls attention to a symptom which he considers pathognomonic of the disease, viz.: numbness of one leg, usually the left. It begins in the thigh and runs down the leg; he rarely met with it in the arm. When present it is marked and unmistakable. The patients declare they cannot feel their own hands when touching the leg. He has also noticed a stinging or tenderness on pressure in the ovarian region of the left side.

Laceration of the cervix uteri is estimated at nearly six per cent. of all gynecological cases,

and is very apt to be taken for large ulceration of the cervix. It was first described in detail by Dr. T. A. Emmett, in 1874. It is often an unrecognized cause of various diseases incidental to the uterus, as subinvolution, eversion and ulceration of the cervical mucus membrane, metrorrhagia, menorrhagia, hyperplasia and displacements of the uterus, etc. It is found most frequently in the left side. In an article in the *Boston Med. and Sur. Jour.*, Sept. 20, '77, the writer thinks it a cause of cellulitis. Of twenty-seven cases he found evidences of previous cellulitis in all, either in the form of tenderness, thickening of ligaments, or plastic deposits in the pelvic roof. Eight of these were in the left side. Prof. Peaslee explains this frequency to the return of the venous blood by the ovarian vein proper, and not by a short vein, as on the right side. Thus venous stagnation and hyperemia are more readily induced and cellulitis brought about. This theory has been confirmed by Dwight (*Bos. Med. Jour.*, Feb. 15, '77). By anatomical demonstration he shows that a varicose condition may exist in the left side, while the right remains normal. He thinks this condition analogous to varicose in the male, and suggests that many of the cases of so-called cellulitis may be simply varicose of the broad ligament and neighboring structures.

Dr. Ludlam, in *Medical Investigator*, brings forward a new method of uterine exploration, by means of the sound without the speculum. After a few moments the uterus will descend with the sound in position. In flexion, no matter which way the organ is bent upon itself, it soon passes into caries, curve and lies in its own axis, just within the sphincter of the vagina. He thinks it the only safe and sensible way to use the sound as a repositior.

(The *Centralblatt für Chirurgie*, Nov. 22, '77,) one of the German journals, has an interesting account by Schuler, on the treatment of catarrh of the bladder. By experiments made on dogs, he finds by artificially preventing the bladder from emptying itself, that the reaction of urine is changed, and the initial symptoms of catarrh of the bladder are produced. From the results of these experiments he bases his treatment of chronic catarrh of this organ, viz.: the bladder should be kept empty and thoroughly cleansed. The formation of artificial fistula (proposed by Mr. Guthrie of London), has been very success-

ful in women, as a remedy for obstinate chronic cystitis, but less so, thus far, with men. The idea being to prevent the bladder from acting as a reservoir for urine, which will surely decompose if it be retained. The aperture is made through the vesico-vaginal septum, but it is found that the artificial opening will surely close if not kept open by a button inserted into the cut.

The rapid and forcible dilatation of the female urethra, as a means of detecting pathological conditions of the bladder, urethra and adnexa, although well known, claims a moment's attention. The dilatation occupies but a few seconds, and is rarely followed by incontinence. It should always be performed under an anæsthetic. When the bladder is very much diseased, liquid can be introduced by means of a fountain syringe connected with a catheter or bougie by a soft rubber tube. The bougie introduced into the urethra only, then as the reservoir is elevated or depressed, the fluid will flow to or from the bladder.

In addition to the well-known benefit to be derived from milk diet, in Bright's disease and diabetes, Geo. Johnson, in the *Lancet*, Dec., '76, has pointed out the curative influence of an exclusive milk diet in some cases of inflammation of the bladder. He cites extreme cases cured in a few days by this agent alone, and suggests its use after lithotomy. He does not advise more than a pint at a time, lest the curd collect in the stomach. By milk diet the urine is largely diluted and rendered less irritating. The bladder being comparatively undisturbed by its contents will sooner regain its normal condition. Donkin wrote a book on milk diet in diabetes and Bright's disease, recommending from six to eight pints daily of skimmed milk.

The *New York Med. Record*, No. 327, reports two cases of obesity and amenorrhœa cured by milk diet. The first case was complicated with albuminuria. Health was restored in a few months, and the excessive obesity decreased to the normal standard.

Naugebam, in the *Prague Quarterly Journal*, Vol. 134 (*Prague Viertel Johnscript*), reports a case of vaginal fibro myoma. Thirty-six cases only have been reported in the different works. He concludes that solid tumors of the vagina are rare and are generally fibroid or fibro-myomas, rarely pure sarcomas.

(To be Continued.)

Clinic.

ABDOMINAL ANEURISM, WITH RE-CURRING HEMORRHAGE.

BY WALTER Y. COWL, M.D.

(House Surgeon, Homœopathic Hospital, W. I.)

E. M., æt. 48 years, married, born in Ireland, laborer in an iron yard. Entered the hospital October 30th in a very weak condition, and suffering from pain shooting from the inside of the upper portion of the left thigh to the left hypochondrium; greatly aggravated by the slightest motion or by pressure upon that side of the abdomen. One month before this, in lifting a heavy weight, he had slipped and fell a distance of five feet, striking upon his back, yet without producing any marked contusion; on the three succeeding days he was able to work; subsequent to this he worked but one day, some two weeks previous to entering the hospital, being confined to bed for the greater part of the time with pain and tenderness in the left lateral regions of the abdomen. *R. Arnica* 3.

Upon the nights of the 1st, 2d and 3d November he had severe attacks of pain, even when quiet, with great paleness, cold sweat, dry tongue and intense thirst. The pains were relieved by the fomentations. On the morning of the 4th, during a similar attack, the skin became dry, yellowish white and shriveled; tongue bloodless and very dry; pulse small, weak and rapid; abdomen tympanitic, except on the left side, where dullness existed, and it was very tender to the touch; pains extremely severe; marked anæsthesia of entire left leg; appearance of ecchymosis upon the prepuce, scrotum, and left lumbar region. The patient was apparently moribund. *Arsenicum* 3 and 30 were given, and by the afternoon there was a vast change for the better; the pain had entirely ceased; patient improved rapidly until the 15th; was able to sit, whereas he had been unable to move in the least; ate heartily and gained some color; was troubled only with night sweats, for which *china* 30, was given with relief.

At 1 A. M. on the 15th he had an attack similar to that of the 4th, not relieved however by the *arsenicum* or the fomentations. The pain after an hour or two abated until 11 A. M., when again it became more severe; patient was soon unable to speak and apparently to hear; the eyes be-

came set; pulse 105, and extremely feeble; rapidly increasing tympanitis; short, jerking inspiration with spasm of muscles about the lower jaw; expiration very much prolonged; the patient rapidly sank; the lungs ceasing action two minutes before the heart. Death at 11.30 A. M.

AUTOPSY.

Nov. 16th, 6.30 A. M. Surface of body and all organs very anæmic.

Heart—Small, ante-mortem clot only, in each ventricle; valves normal; marked hypertrophous dilatation of ventricles; left apex much thinned at one point; extensive atheroma of aorta and its large branches.

Lungs—Universal firm adhesions of the left, slight adhesions of the right; marked œdema with some congestion of lower lobes (hypostatic).

Abdomen—Thick cords of unorganized blood clots, extending over intestines at different places, from an opening at the left hypochondrium into a large sac in the sub-peritoneal cellular tissue, extending from the diaphragm to the brim of the pelvis, along the left lateral regions, and containing four pounds of clots, slightly organized at the lower part where it communicated with a coniform aneurism of the aorta at and above its bifurcation, in diameter three times that of the vessel above. The aneurism was largely filled with organized fibrin, which posteriorly lay directly on the eroded surface of the last two lumbar vertebrae, at one point to the depth of three-eighths of an inch.

There are several instructive points in the pathology of this case, viz.:

First.—The production of morbid cardiac hypertrophy by frequent over-exertion.

Second.—The production of atheroma (chronic inflammation of the inner coat of the arteries), by the irritation of a blood current having increased momentum, and therefore causing greater friction with the intima.

Third.—The further production of cardiac dilatation, by the obstruction of the blood-current offered in the atheromatous walls of the non-resilient aorta, which the heart is not able to overcome, owing to its diminished nutrition, caused by a lessened aortic recoil, which imperfectly fills the coronary arteries, the result of the atheroma; and therefore the heart, because of weakness, taking more time for systole, is dilated during its diastole by the increased amount of blood forced upon it at that time.

Fourth.—The production of aneurism (dilatation) of the aorta by the systolic impulse of the blood, and just above its bifurcation, because the increased obstruction offered to the entrance of the blood to the iliacs by their separation at an obtuse angle, as well as to its passage through them by their atheroma, brought an increased pressure upon the arterial walls at this point.

Fifth.—The absorption of non-elastic tissue (bone) by pressure.

Sixth.—The occurrence of pulmonary œdema in a normal lung as the result of hydræmia consequent upon hemorrhage and the subsequent compensatory ingestion of water.

Seventh.—The formation of cardiac thrombi, where by the lessening of the total amount of blood, (by hemorrhage,) the heart has not so much blood to receive and propel at each action.

Eighth.—The internal rupture of an aneurism, six weeks before death, with recurrent hemorrhage, as indicated by the marked exacerbations of the pain, and the suddenly recurring attacks of extreme anæmia followed by partial recuperation, the late appearing anæsthesia of the left leg from pressure upon its nerve, and the pressure of blood in the peritoneal sac, which probably resulted from a rupture of the large sac of clots at one of the last two paroxysms of pain, as no inflammation of the peritoneum was present at post-mortem.

The practical lessons to be gained from this case are important, to the hygiene of individuals subjected to frequent physical strain, and to questions of etiology, diagnosis and prognosis in such conditions of those individuals.

QUININE EXANTHEM.

BY F. B. MANDEVILLE, NEWARK.

WAS called October 6th to see Miss C. W., a resident of New York visiting in Newark, to treat her for a supposed skin disease. I found her with œdema of the face and lower extremities. The cuticle over the entire body was in process of desquamation. I learned that this was her second attack. Each time before coming down, for several days, she complained of a general feeling of *malaise*, accompanied by some fever, which her physician pronounced intermittent. During each illness she had a bright red eruption, sore throat, and was very sick. Trusting to her statement, and supposing that she ha

scarlet fever in her last illness, I looked after the effusion which soon yielded to the usual remedies. Wishing to tone her up and give her a good send off for the sake of "homœopathy," I gave her eight grains of *sul. quinine*, one grain to be taken every third hour. In about twenty-four hours was again summoned. I then found the patient with an eruption resembling scarlet fever of a mixed type, some portions of the body being quite covered and smooth, while on other places, particularly the extremities, it was rough and distinct. This eruption made its appearance a few hours after taking the fourth grain; it was ushered in with indisposition, aching, vomiting, chilliness, followed with high fever (temp. 104), sore throat and cough. The color of the eruption would disappear on pressure. It began on the chest with burning and itching; on the second day she had a puffed face with injection of the conjunctiva; all these symptoms lasted for about eight days, gradually abating, when desquamation commenced and continued for three weeks; this has been very severe, she losing the entire epidermis of the nose, ears and hands, which were so sensitive that it was necessary to protect them from the air, which was done with *olive oil* and *hydrastin*. All this, I believe, was due to cinchonism, and upon careful inquiry I find that her first attack was during a fever after she had taken five grains of *quinine* in one dose. It was supposed that she then had scarlet fever, and was so treated. Some weeks after *quinine* was prescribed for intermittent fever, when the exanthema again appeared, to go through a more violent course. At this time it was supposed to be due to some vegetable poison, although it could not be traced, and soon as convenient she was removed to New-ark for the benefit of a change, in the condition named in the beginning of this communication. I am of the opinion that in each illness named, the child suffered from quinineism.

I have seen three other cases, not as marked, but quite analogous; in one whenever a small dose of *quinine* or any preparation of bark is taken, an eruption confined to the face and neck will make its appearance, fading when the action of the remedy has ceased, without desquamation.

These cases are of unusual interest to me, and should they be confirmed would be of value to all physicians.

December 12, 1877.

DIPHTHERIA WITH DEATH FROM PARALYSIS OF THE HEART.

BY CLAUDE R. NORTON.

A DESIRE to show the value of *ignatia* in diphtheria, and also the possible mistake of too soon changing the remedy, leads me to publish the following case:

Late one evening I saw a boy ten years old, who had had diphtheria for four days under old school treatment. The throat was so completely filled with a thick grayish membrane, that it was impossible to see any portion of the posterior wall of the pharynx, and on the right side the membrane extended nearly to the roof of the mouth; swallowing was almost impossible, and occasioned the greatest pain; the tongue was coated with a thick, yellow covering; the child was almost constantly blowing and picking his nose, it was so obstructed; the glands on either side of the neck were greatly swollen and the face was much puffed; the neck, anteriorly, was sensitive to the touch, and the tissues of the upper and anterior chest were swollen; pulse 120; surface of body not very warm; voice very imperfect and speech difficult. Gave *lachesia* 30 in water, a dose every hour. In the morning he was no better. Gave *ignatia* 200 in water, every hour.

By evening swallowing was easier.

Rested better that night (Saturday), and on the next day the swelling of the neck and face had greatly diminished, and the surface of the chest appeared normal; some pieces of membrane came off, and there was frequent spitting of bloody saliva; the odor from the mouth was very offensive; both nostrils were filled with membrane. Gave a few drops of *sacch. lac.* in the evening, and later *ignatia* again.

On Sunday he was much better; pulse 104. Gave *sacch. lac.*; on Sunday a little more fever; pulse 112; when swallowing a stabbing pain went to either ear; glandular swelling of the neck nearly gone; membrane rapidly leaving throat; nostrils entirely free; *hepar* 30, four doses.

The patient was somewhat better for the next two days, but still had some pain and difficulty in swallowing; the membrane lessened day by day; he received several doses of *hepar* 30.

On Friday the painful swallowing was more marked, the pain going into the ears and head;

it was worse when swallowing cold substances, and the food went up into the posterior nose; the voice was cracked and he spoke with much difficulty: *lycop.* 5. ^m four doses. During the next two days he was better and swelling was much relieved; there was now no membrane in the throat. On Monday I did not see the boy till five o'clock in the afternoon; he had been worse all day; could scarcely swallow at all; face very pale; hands and feet cold; was very weak; heart's action feeble and dicrotic; was very restless; *gelsem.* 200, a dose every hour; at 11 o'clock the patient was worse, and was failing fast; heart's action less strong and double as before; was fully conscious till the last. He died at 11.30 P. M.

NUTRITION IN DISEASE.

BY ROBERT GUERNSEY, M. D.

IN sickness and in convalescence not unfrequently the whole case turns upon our ability to introduce into the system food which will support life without producing too much irritation in the stomach and along the intestinal track. When the whole nervous system is depressed by the action of disease, even the simplest food may act as an irritant or a foreign body in the stomach. A little stimulus now of the right kind may save our patient; so that the question, "What shall be the stimulant?" is a very important one. A few weeks since I was called to see a physician, convalescing, as he thought, from a severe attack of typhoid fever. The temperature was 98: the pulse 50; the water apparently natural, but there were four or five diarrhetic movements a day, which upon being examined showed, conclusively, the presence of ulceration somewhere along the intestinal track. Physical examination located the place in the ilio-secal region. Alcoholic stimulants of every kind disagreed with him; broths were followed by speedy evacuations, and even the simplest forms of food, such as milk and gruel, were followed by distress. He was evidently sinking from lack of nutrition, and we had every reason to suppose unless some speedy change was produced, the character would soon be followed by collapse and death. The attention was turned to two all-important points. *First*, to check the strong peristaltic action of the bowels and their very frequent movement, so that the ulcers

would heal, and, *second*, to introduce nutrition sufficiently strong to hold in check the waning powers of life.

The first was accomplished by an injection of twenty drops of tincture of *opium*, in a little starch, four times a day. The second point was gained by giving the patient three grains of *lactopeptine* four times a day, and a tumbler half full of barley gruel, in which had been beaten up the white of eggs, every two hours, day and night. In this way the white of six eggs were taken during the twenty-four hours. No more bland and easily digested food could be found than this, and yet without the aid of the *lactopeptine* the stomach would not have assimilated even this. The improvement was immediate and rapid, and in a few days I had the satisfaction of seeing my patient fairly convalescing.

A little child, about two years old, returned from the country, where it had suffered for four months with a diarrhœa arising from indigestion. The child was wasting away, pale, and evidently suffering from lack of nutrition. Almost every variety of food had been tried and different remedies given, but with no apparent benefit. The child was given *tannate of bismuth* $\frac{1}{16}$ every two hours, and one grain of *lactopeptine* three times a day. The food was *grannum* mixed with milk. In ten days time the movements were perfectly natural, and medical treatment discontinued.

PICRIC ACID IN CRACKED NIPPLES.—Two solutions are used: The parts just cleaned with a soft sponge and warm water, are painted with a solution of 1 gramme acid to 1,000 grammes water once a day, and washed after each nursing with a solution of 13 to 1,000 grammes of water. The beneficial effects are seen within twenty-four hours, and the cure usually completed in a week.

PEROXIDE OF HYDROGEN is used as a disinfectant, to prevent the spread of scarlet fever and small-pox.

AGARIC BULBEUX poisoning is quite similar to that of strychnia.—*La France Médicale*, Oct. 20, 1877.

BROMIDE OF POTASSIUM is claimed as curative in puerperal convulsions.

CHLORIDE OF CALCIUM is said to be of great service in some cases of tuberculosis.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

THREE MONTHS FREE!**THE RETROSPECT.**

THE response to our proposition to publish in connection with the TIMES, a retrospect of current homœopathic literature, has been so prompt and general from every part of the country, that the enterprise is no longer a matter of doubt, but an established fact. Instead of commencing it in January, as we at first proposed, we shall start with the new volume in April. Able co-laborers are now at work condensing and arranging, so that the ensuing year we shall give as an addition to the journal, at great cost to ourselves, but without extra charge to our subscribers, the cream of homœopathic literature for the year 1875, so arranged that the reader can readily find any subject, with the authority from which it is quoted. To subscribers for the new volume we offer the remainder of the present volume *free of charge*—the journal to be sent from the date of their subscription.

EIGHTEEN HUNDRED AND SEVENTY-EIGHT.

AT the commencement of the New Year we send a cordial greeting to all fellow-laborers in the great field of human progress, with the fervent hope that the coming year may show, when its record is made up, more and better work done, a continued and steady advance

toward the good and the true, and a growth of harmony within our ranks. There is a strong tendency in some minds, in political, theological or scientific organizations, however humble they may be in days of adversity, to become proud, tyrannical and unjust with the accession of power. The Puritan fleeing from persecution at home, when freed from restraint, became a worse persecutor, a more arbitrary and tyrannical master than those from whom he fled. There are some who seek power for the public good, and with honest intentions, sometimes commit grave errors. There are others who seek power for purely selfish ends, who are determined to rule or ruin, and whose only interest in the cause they advocate hinges upon how much money it will bring to their purse, how much power to their hands, and how much flattery to their individual self. To them there is something peculiarly exhilarating in dispensing favors, in marshalling and sending to their appointed work the cringing sycophants who fawn at their feet, hoping to receive some crumbs from their master's table. The dispenser of favors in every department of life can always place them in the hands of men who are willing to do his bidding, however unjust, and who, in carrying out his work, will be guided neither by conscience nor common sense.

There was a time when a political ring controlled the finances of this great city. It was known that this ring was made up of thieves, and the money they used so freely was stolen from the public purse, and yet charitable institutions and religious organizations courted these men, bent the knee to them, begged permission to use their names as directors, and all for the few dollars they might secure by this groveling in the dust and perversion of their manhood.

"The mills of the Gods grind slow, but they grind remarkably fine," and the time at length came when this ring—as will come with all other rings built upon fraud and engineered for unholy purposes—found itself crushed out of all

shape and comeliness by those slowly revolving wheels.

The weight of a vigorous, healthy, unselfish public opinion is too strong to permit these selfish natures long to flourish. They grow up like the gourd and wither in a day.

There is room enough in the great field of progress for all honest workers. Each one can cull some flower or bring some precious gem to the common store-house. Because all do not find gold, or diamonds, or sweet scented flowers, still that harmony may prevail among all, which should always exist in the ranks of honest, earnest workers after truth. Brethren, at the commencement of the new year let us consecrate ourselves anew on the altar of true science and real progress, and clasping hands in amity, forget past differences and old heart-burnings. The future is bright before us. If we would rise to the full dignity of manhood and be in harmony with the good in nature, we must first conquer ourselves, and while we work for self, work also for the good of all.

We trust that when the sheaf of 1878 is garnered by the reaper, there may be fewer tares and more wheat than has been found in any other year, and that our whole profession may be more harmonious and more earnest in their work than ever before.

THE PUBLIC HEALTH.

In this vicinity the malarial influence in consequence of the uniform high degree of temperature has not even yet ceased to manifest itself in the form of remittent and continued fevers. The deaths from these diseases, during the week ending December 8th, have been much larger than for many years, and compares with the average for the last five, as 9 to 3.4.

There have been no deaths from small-pox reported, and the mortality from measles has greatly decreased.

Scarlatina, diphtheria, cerebro-spinal fever and typhoid, have been on the decline, showing in

comparison with the average for corresponding weeks for the last five years, a marked improvement, which however is compensated for in the enormous increase in remittent, intermittent, typho-malarial, congestive and simple continued fevers.

Pulmonary affections have also largely increased, and the mortality from phthisis has been great, much larger than for the average of the corresponding week for the past five years. Influenza and bronchitis have prevailed to considerable extent, while pneumonia has been lighter than for the average of the corresponding week for the past five years by 50 per cent.

We should not overlook the fact that hepatic diseases have also largely increased from 5.4 for the average for the corresponding week for the last five years to 12, for the week ending December 8th.

This may be accounted for, at least theoretically, from the fact that malarial diseases have prevailed to so great an extent.

The weather has also been favorable to the development of rheumatic affections, which have largely prevailed, for the danger of suppressing the perspiration in open winters, like the present, is greater than when the weather is uniformly cold.

The people have apparently awakened to a realizing sense of the necessity of looking after their waste-pipes, and hence diphtheria is on the decline.

In a first-class house in this city, the owner accidentally went to the back part of the cellar and there detected the odor of sewer-gas. Upon investigation a large hole was found in the lead-pipe near its connection with the iron, which allowed the escape of a great quantity of foul and deadly effluvia. This condition of things would not probably have been discovered by the servants, and if it had been allowed to continue, the most dangerous zymotic diseases might have developed, with the greatest obscurity as to their etiology.

Such occurrences show the necessity of frequent examination of these sources of death's instruments, and should keep us ever on the alert with a keen olfactory sense, in order to avoid in time the dangers into which we may be unintentionally thrown, and the risk of which could be avoided by a little timely and intelligent investigation.

Correspondence.

LOCAL APPLICATIONS.

SUPPRESSED STOMACH AND BOWEL DISEASES.

BY R. R. GREGG, M. D.

(Continued from page 211.)

Editors of THE TIMES.

OCTOBER 14, 1862.—A gentleman from Washington, D.C., called to consult me with reference to disease of the lungs, from which he was suffering. He was one of the most pale, feeble and exhausted looking men that I ever saw able to be out of doors. His debility and difficulty of respiration were indeed so great that the effort of ascending a few steps to get into my office, exhausted him to such an extent that it was impossible for him to speak for some minutes. And no less than five or six prominent physicians, he informed me, had pronounced his case as one of purely tubercular consumption, and incurable; and all appearances and symptoms certainly warranted such a diagnosis and prognosis.

The history of his case is of great interest and importance in the direction of our present inquiries, and should be duly considered. He was fifty-three years of age that fall, and had been a great sufferer from dyspepsia and sick-headache all his life, until the previous spring, when, from the free use of stimulants and much irritating medicine, the disease of his stomach was subdued. No sooner, however, had that been relieved than he began to suffer from pain more or less severe, just below the center of his right lung, of which he thought lightly at first, attributing it to a slight cold, but it increased in severity and he soon began to cough. With these symptoms gradually increasing, he passed along until July, when, during a hot day, but without any unusual effort or exposure on his part, h

was attacked with such a sense of suffocation, he said, that it was with the greatest difficulty that he could get his breath,—probably from a sudden congestion of his right lung. This continued several days without much relief, then only partial, was accompanied with much pressure and sharp pain through the central portion of that lung, his cough greatly increased, and was now very troublesome, and all went on much in this way for some weeks when an abscess broke, from which he expectorated more than a pint of most fetid pus. While the abscess was gathering, chills, fever and night sweats set in, and continued to the time he called upon me. The cough also continued in great severity, frequently preventing sleep most of the night. His expectoration, after the breaking of the abscess, was much of the time profuse, but not unusual, excepting during severe paroxysms of coughing, which occurred every hour or more, when he would throw off the same, or very similar, yellow or gray, and very fetid matter. Two or three times while in my office, such expectoration occurred, and readily scented the whole room. Pulse 120 per minute, and very weak.

After the transfer of the disease from his stomach to his lungs, there had not been the slightest recurrence of dyspepsia or sick-headache, and in this connection there are some very peculiar facts to be related. He said he had never been able, from his earliest recollection, until that summer and fall, to eat any kind of fruit without greatly aggravating all his dyspeptic symptoms, and throwing him into a most violent attack of headache. And yet, at that time, he could make an entire meal of apples, and feel as comfortable after it as after eating any other kind of food.

In explanation of the nature of his case, I told him the disease had simply been driven from his stomach to his lungs, that the two were one and the same in fact, or at least in their cause, and if the latter were ever cured, the dyspepsia would return and be just as it was before its suppression. If that could be done, could it be removed from the stomach, he asked, saying he did not want to suffer from it there as he had done? Upon telling him that it probably could, that it was undoubtedly of the nature of a "humor of the blood," and would come to the surface in some kind of an eruption upon the skin, he responded: "Why, Doctor, I never had so much

as a pimple on my skin in all my life." It was in his system, nevertheless, in profusion. I replied, and the only reason it had never shown itself upon the surface was because there had not been sufficient vital vigor internally to throw it out.

Giving him no encouragement of cure, I nevertheless prescribed *sepiä* 1200, and will let him tell his own story of the effect. Oct. 25th, 1862, he wrote :

"I am better, although I can see but little difference in my cough. I continue to raise a good deal both night and day ; it is of the same ashy color, and is very offensive. My appetite and strength are fifty per cent. better."

Nov. 7th, he again wrote :

"I think I am slowly improving. My cough at times is very severe, and the matter raised is still very offensive. Have coughed up some pieces of decayed flesh, (coagulated blood, no doubt,) which are very dark. My appetite continues good. I have gained two or three pounds of flesh since my return home."

And Nov. 16th he again wrote :

"I am in every respect a different man. Since I last wrote you my cough has all disappeared. I do not raise scarcely any, and there is no odor to it. I have every indication of a healthy person. I am gaining in flesh and strength, and feel as though I could go to work."

Fearing that he would go to work, or run other risks, and thereby exhaust himself sufficiently to renew the lung symptoms, I wrote immediately, telling him he must take no chances whatever, but remember what I told him about the return of his disease to his stomach ; and that his lungs were not safe until the dyspepsia re-appeared.

Now mark again the fulfillment of Nature's law. After writing, I heard nothing from him until the first week in January following, when he one day walked into my office. He looked worn and much exhausted, and upon my inquiring after his health, he said that he continued gaining rapidly in strength and flesh, after his last letter, without further symptoms of his lungs or stomach, until on his way here, just before reaching Elmira, he bought a few apples, and ate but part of one, from which he was so sick by the time he reached Elmira that he had to leave the cars and go to a hotel, and to bed, which he kept two days, with one of the most violent attacks of vomiting, pain in the stomach and sick headache that he had ever suffered

from. After recovering sufficient strength he came on here, but his stomach still remained very sensitive. From here he went West, and when he returned, two or three weeks later, was suffering the worst torment, he said, that he had ever endured. But this time it was from a *very extensive eruption upon the skin* ; of small vesicles at first, which soon became pustular, none of them, however, much larger than the head of a pin, but they stood so thickly studded together that, as the points came off, in the process of suppuration, the entire skin was abraded over large surfaces. His chest, back, shoulders and arms to the wrists, were almost one continuous raw surface, while his abdomen and legs were nearly half covered with the same—all itching, smarting and burning much of the time, he said, intolerably.

Here, then, was the cause of this man's greatest sufferings for half a century. When it was acting upon the mucous coat of his stomach, which had been its seat for life, excepting the preceding nine or ten months, it caused dyspepsia primarily, and secondarily, sick headache ; when it was driven to the lung by suppressing agents, it unquestionably first seated upon the mucous membrane of the bronchial tubes in the right lung, and from its action then led the way to the congestion and abscess, which then, beyond question, took on tuberculous action, if we may judge from the marked character of the expectoration. When it was driven from the lungs by curative treatment, it returned to the stomach and developed the identical conditions there for a short time that it had caused for nearly all his life before the suppression ; and when, finally, it was driven from the stomach by a continuance of the same *curative* means, it came out upon the skin, and was then, to all appearance, radically cured for life in two or three months further treatment, and with the same remedy that had done all the rest, for from first to last, I gave nothing but *sepiä*, and this in no lower potency than the twelve hundredth. Could the results of suppressing treatment be more unsatisfactory or hazardous than in this case, or could truly curative effects be more safe and satisfactory ?

That man is now alive and well, in his sixty-eighth year, as "straight as an arrow," and is able to, and does endure, as much as most healthy men in middle life.

(To be continued.)

"COMMON SENSE" IN PRACTICE.

To the Editors of THE TIMES.

Few persons would willingly admit that they were not possessed of "common sense;" yet, in many departments of human thought and action, the exercise of this well-understood, but poorly defined faculty, seems to be proscribed.

A plain, practical physician is sure to be reminded of this fact in his daily use of the literature of homœopathy. In too many instances, our writers seem to take delight in the exercise of what may be called "*un-common sense*," passing by the common, rational explanation of various facts or phenomena, apparently for no better reason than to enable them to display their mental agility in climbing to lofty heights of hypothesis, or burrowing in depths of mysterious supposition.

Theories concerning the curative action of drugs are set forth with great clearness, and upheld as infallible laws, which are opposed to experience and common sense.

While we doubt not that "the single remedy" will produce sometimes "the best possible practical results," yet very many of us frequently make use of two or more remedies, in alternation, with *very excellent results*. We are told that the action of one drug so given will antidote or derange the effect of the other. The "common-sense doctor" don't believe all he reads, as he finds by experiment that the *aconite* will remove the "*aconite symptoms*," and the *bryonia* the "*bryonia symptoms*," without any evidence of impaired action in either drug. Perhaps the doctor reports a case illustrating his success; in that case he is sure to be told by some one, wise in years and in his own conceit, that he "has not treated the case properly," which may make him stare, and that he "is not a homœopathician," which will be very likely to make him laugh.

Again, the common sense of the average practitioner is subjected to a severe strain by the theory of "potentization." It is evident to any man who considers the subject thoughtfully, that drugs given for the cure of conditions which they are known to produce, must be given in much smaller doses than drugs that may be given with the view of producing a mechanical or chemical effect, or for the purpose of directly antagonizing a given symptom.

It is also evident that insoluble substances may be made actively medicinal by bringing them into a state of sub-division, sufficiently minute to enable them to be taken up by the absorbent-vessels; and, that the action of a given quantity of any drug may be increased by dividing and expanding it by dilution, thus bringing it within reach of a greater amount of absorbing surface than would be possible in its concentrated form.

But, a great many worthy men, to whom the above facts are perfectly obvious, find great difficulty in believing that, because *some* diluting is salutary, an enormous amount of attenuation must be proportionately advantageous. Their minds refuse to receive the idea, that it is possible to increase the strength of a medicine indefinitely by adding water to it. Even though it be "well shaken" "before taken," such men find no warrant in Nature or experience for belief in the mysterious "spiritual," "dynamic" "force" that is supernaturally set free by the *hocus-pocus* of the potentizer.

They know that many excellent physicians *do* believe in the existence of such a force, but the "common-sense man" *can't* do it!

And he may have the "dynamic (?) causes of scarlet fever" or "small-pox," and "invisible miasms" without number hurled at his head through all eternity, and it won't "help his unbelief." He may be called "Eclectic!" and have "Physiological Livery" spured in his ear till he is weary, and still persist in his skepticism.

Our "common-sense" physician may have seen nervous headache relieved by smelling at a hartshorn bottle; but he *don't* believe that smelling of a few pellets of *aurum* 30th will cure a man of a desire to commit suicide, no matter *who* says it will. He values *pulsatilla* highly, but hesitates to use one pellet of the 200th as a pessary. He believes the law "*Similia*" to be of more general applicability than any other therapeutic guide that has yet been discovered; but he does *not* believe it to be an absolutely sure guide in *all* cases. If his patient complains of "sticking pain in the rectum," he does not *instantly* give "*nux*, high," but first examines carefully, lest the presence of a turkey bone should render the remedy of no avail. If his little boy is in convulsions, and the nurse confesses that "the darlint" has been eating a pound or so of raisins, he gives a lively emetic,

even though "*bell*," covers the "totality of the symptoms." If his dearest friend is writhing in a fit of spasmodic colic, he is very likely to give him a hypodermic injection of *morphine first*, and "study the *materia-medica*" afterwards. He has no fear of damnation for using external applications when indicated, and prides himself upon the success he meets from their intelligent use.

The men who practice medicine in accordance with dictates of what seem to them to be "common sense," are getting to be very "prevalent" here in the West. He may not be "an accurate prescriber," but he cures his patients promptly. He may be an "Eclectic," but he usually has a large practice. He may not have a very clear idea of what sort of an animal a "Hahnemannian Homœopathician" is, but—he still lives!

R. C. SABIN, M. D.,

165 Wisconsin St., Milwaukee.

December 20th, 1877.

To the Editors of the HOM. TIMES.

At the December meeting of the Homœopathic Medical Society of the County of New York, I was surprised and pained at the unexpected display of so bitter a partisan spirit as that which was manifested by a number of persons who, I hardly think would have acted as they did, had they been conscious of the spectacle which they presented to the eyes of impartial observers.

It is certainly to be regretted that feelings of bitterness and hostility should exist in the ranks of a profession which claims to labor only for the good of mankind.

Why the College and Ophthalmic Hospital, through their professors and adherents, should array themselves against all who do not see matters and things in the same light as they do, is certainly strange; and it is still more surprising, that this hostility should become personal whenever a difference of opinion arises on any occasion.

Did Dr. Allen act honestly and speak truthfully, when he premised his challenge of votes with the statement that he had no personal feeling in the matter? He it was who had previously arisen to points of order, and, therefore, he should have known enough of parliamentary usage, not to make the challenge after the whole matter had been referred to the Executive Com-

mittee by a vote of the Society; and no man knew better than he, that the gentlemen whom he challenged, were entitled to three months' official notice before their names could be acted upon, and officially dropped from the rolls, and hence that their membership could not be questioned until after such official action.

He knew the names which he intended to challenge before he came to the meeting. Why, then, did he require to look over the books, and why did he fail to challenge Dr. Hartley, though he must have been aware that this gentleman had never paid even his initiation fee, and hence was not a member of the society? Was it that he did not believe the gentleman to be present, when he must have known that he sat right in front of him, and that he voted unchallenged at this and at the previous election? Dr. Allen's honesty should have tempted him to look around the room and ascertain whether Dr. Hartley was present or not.

But Dr. Hartley voted *with the College party*. Could this have been the reason that Dr. Allen neglected Dr. Hartley in his challenge, or was it "*personal feeling*" that caused him to spare that gentleman?

I cannot but believe that this one-sided conduct savors strongly of a bitter personal determination; for it clearly demonstrated to me that Dr. Allen was there with his friends voting as a solid "*ring*," bent upon carrying everything before them, just as they had repeatedly done in years gone by. BUT THEY FAILED.

Is it fair that a few men should thus attempt to rule the profession at large as arbitrarily as they administer their authority in college matters? It is a common expression used by Dr. Allen and his friends, that they "*have no personal feeling*," while their acts have thus far shown that their personal feeling is bitter and uncompromising towards all who are not with them.

The profession is judging them by their acts, and not by their words.

The members present on that occasion who are accustomed to associate only with gentlemen, were scandalized by many of the disgraceful scenes of the evening, such as stamping and hissing by men of the "*ring*," in imitation of a Bowery audience, in order to shut off all opposition to their leader. They made themselves so conspicuous by their conduct, that they were

readily recognized and remarked upon by many of the members. They showed distinctly that they were deficient in proper respect for the society.

Of this number were Doctors Schley, Dillow, Rounds and Norton, well-known retainers of Dr. Allen, if not his dependents. They are all young physicians, with prominence to achieve, and are, no doubt, pleased to go on record.

But the acme of disgraceful conduct was certainly reached when Dr. Dillow exclaimed, "Put him out!" while Dr. Carmichael was delivering his indignant but dignified reply to Dr. Allen's assault.

Did Dr. Dillow imagine himself in a political primary meeting, or in a theatre frequented by roughs?

The Doctor must have certainly felt ashamed of that exclamation after he had reflected upon his conduct.

I can only account for such demeanor, so wholly unbecoming a gentleman, by my belief that he was inspired by a too excessive zeal for his leader, and the hope that he would reap his reward in the position of resident physician in the new Hahnemann Hospital.

Dr. Houghton, their defeated candidate for President, ignored precedent and courtesy when he failed to make a motion that the election of his opponent be made unanimous, after he had been elected by a large majority; and when some one else more courteous made the motion, three or four illustrious young men, some of them aforementioned, established a precedent, by voting in the negative, and in a loud tone of voice. Was this an act such as a gentleman should be proud of?

Throes of agony accompany the lingering death of the ring.

URIEL.

To the Editors of THE HOM. TIMES.

Gentlemen:—In your December number, p. 211, R. C. Sabin, M. D., again edifies his professional brethren. His language is "classical," his scriptural quotations profuse, and his logic irreproachable. Did not "Medicus" and other men who caricature homœopathy in the N. Y. *Sunday Times*, allude to R. C. Sabin, M. D., as a representative man of the homœopathic school, we should not notice him.

When I asked the refined Dr. S. to show wherein the Declaration of Homœopathic prin-

ciples differ from the teachings of Hahnemann, this gentleman answers, "I do not consider this to be a matter of the *slightest importance*. What we all want to know is, are these '*principles*' true or false." Here is logic! It is *all-important* to ascertain at once whether the principles enumerated in that Declaration do not differ—are in harmony with the teachings of Hahnemann. If they are, then the logical critic *must* attack Hahnemann's teachings, and *not* this Declaration of Homœopathic Principles. Will this want-to-be representative man, permit me to say to him that homœopathy as a *science* is based on some fundamental principles laid down in the *Organon*, and that in the same work are also given the rules governing the application of these principles in the healing art; and it seems to be a very simple and plain proposition, that a man who joins the homœopathic school of medicine, is supposed to be fully acquainted with these principles and their applications practically, that he has tried the experiment conscientiously and faithfully, and becoming convinced of their correctness, has taken it upon himself to acknowledge these facts, and so become a member of a school without mental reservation. There can be no dissenting opinion on the question: "What is Orthodox homœopathy," and because of the multiplicity of dangerous "departures," that very Declaration of Homœopathic Principles was published. Absolute liberty, which some such wise men as Dr. S. claim, and which allows them to call themselves homœopaths, without feeling themselves bound to accept Hahnemann's teachings and precepts, is an "absurdity." Such a thing does not exist. Natural laws and principles derived from them admits of no more "liberty" than an axiom in mathematics.

Dr. S. further says about this Declaration of Homœopathic Principles: "I found more fault with their manner *than* their matter." That is surely a sort of backing down. Perfectly satisfied that Dr. S. considers himself a representative man, a classical and logical writer, and far superior to anybody else, it is now our pleasure to tell him what the New York *Tribune* had to say about this, to the sensitive and tender-hearted Doctor, so obnoxious "Declaration." The *Tribune* of the 8th inst., *voluntarily* published this Declaration of Homœopathic Principles, and introduces them by saying: "In view of recent

"discussions of the principles of homœopathy, a number of physicians of the Hahnemannian school have prepared the following TERSE and VERY CLEAR DECLARATION of the essential points of the homœopathic doctrine."

There seems to be a slight difference of opinions. The *Tribune* calls the paper "terse" and "a very clear declaration of the essential points of the homœopathic doctrine." Will not Dr. S. call the *Tribune* to order; call the attention of that newspaper to the fact that he looks upon that document with more critical eyes, that it is all bosh and ungrammatical, an eye-sore to an advocate of absolute liberty? Now, why not have a pleasant little chat with the *Tribune*, and if these men tell Dr. S., that they are good critics, why, he can then tell them that that paper is not the supreme pontiff of grammar or terseness, and, may be, it would do the *Tribune* good to have a few Scriptural quotations hurled at them, just to teach them a little veneration, good taste, and Christian charity.

The Declaration of Homœopathic Principles will stand as firm as a rock, and the authors and supporters of them can well allow R. C. Sabin, M. D., to amuse himself by abusing them—both the authors and principles. Cannot Dr. Wildes laugh sarcastically when he is told that he does not understand the subject sufficiently to know what he is writing about. Dr. S. must be a pious Christian man, to judge him by the way he flings about "Scripture." Will he not, like a charitable man, "instruct" Dr. Wildes. An attempt of that kind might probably reveal the true inwardness of this great and good representative man. We might then see what he really does represent.

Yours truly,

PHILA., Dec., 14, 1877.

AD. LIPPE.

Reports of Societies.

HAHNEMANN ACADEMY OF MEDICINE.

REGULAR meeting, Oct. 24, 1877, Dr. Sam'l Lillenthal, president, in the chair.

Dr. Wm. J. Baner reported a case of Enterocellulitis with perforation, operation and cure.

Dr. A. K. Hills inquired upon what grounds they concluded to operate, and whether the doctor thought pus would have formed if they had not operated; also whether he could give the statistics in regard to similar cases?

Dr. Lillenthal thought puncture was admissible if it only afforded temporary relief.

Dr. Burdick stated a case in his practice of a man who had been his patient for several years, but removed to Jersey. In September he was attacked very peculiarly at his place of business, and was brought to his office. He made an examination and gave remedies for what seemed to him malaria, but was not satisfied with the results; for the patient continued to complain of great distress in the region of the spleen, which finally terminated in an extensive swelling, afterwards becoming indurated and giving a doughy feeling all through that region, attended with much pain. After a time the doctor observed three or four round points, like blisters, projecting under the cuticle, growing larger until he concluded to open one, which spurted forth a jet of pus of fetid odor, and continued to run quite freely, the others following a similar course. This condition ran on for a month or more, attended by emaciation and gradual sinking of vital powers. Then he evacuated through the lungs the same kind of pus, in all the discharge amounted to about nineteen gallons, one opening often discharging a quart. Carbolized tents were used ineffectually. About December the external openings were healed, the discharge from lungs continued a month or two longer. Patient then began to mend, and now, several years subsequent, is entirely well; he had a cough, with greenish, purulent expectoration, for about two years after the attack.

Dr. Burdick also reported a case of labor which he had just attended. The morning previous he was called at 10 A. M. to a lady in her sixth pregnancy. Her former deliveries had been fair as to suffering and duration. Her present labor was moderate in the onset, pains every fifteen or twenty minutes, and of such a character that I did not see her until about 10 P. M.; then found pains quite strong but irregular, varying from intervals of five to fifteen minutes. Upon examination failed to discover any foetal parts, os was patulous, dilated about one and one-half inches; by palpation discovered a tumor reaching obliquely across abdomen, from left side a little above the hip to crest of ilium upon right side. Patient was fleshy, but I brought the head into position by external manipulation, succeeded in maintaining it in position for an hour or two, then having re-

leased my external aid for a time, found it returned to the original position; again restored it to normal position, but was obliged to retain it there to prevent return. There was but little increase in dilatation of os until 12 o'clock of second day, when I detected a quantity of membrane protruding into the vagina, and some escape of fluid upon attempted rupture. Then resorted to anæsthesia, and found just above internal os a small band about the size of my thumb, with dilatation of about three inches, upon which the head rested; upon raising head there was free escape of liquor amnii; applied forcible dilatation, which was followed by strong pains, which delivered the child, of about four and one-half pounds weight. Remedies given were *bell.*, from the peculiar pain in head, rush of blood, aggravated after each pain, and threatened convulsions. *Chloroform* only modified the pains. Finally gave *gels.*, from its great value in relaxing muscular tissue of the uterus, with gratifying results. The interesting facts were, that all the trouble seemed to be in circular fibres above internal os; the oblique position of fœtus, difficulty of retaining it in position, and the relaxation of this circular band under the use of *gels.*

Dr. Lilienthal spoke of cases often occurring when a child was born in a very few moments after examination, although it was impossible to even reach the os.

Dr. Burdick thought the explanation of that was frequently found in the fact of greatly relaxed abdominal walls, which allowed an unusual anteversion of the uterus, throwing the os high up posteriorly against the sacrum, and that the os was fully dilated at time of examination, but obstetrician failed to reach high enough for it.

Dr. A. K. Hills said a case was reported at State Society, where the patient was troubled for a long time with a dry, hard cough, and finally discharged a head of Timothy grass. Another case where head of rye was discharged from an abscess near right nipple, and still another where a piece of cartilage, two or three inches long, was discharged from an abscess of thorax. The Doctor also related an obstetrical case of twins, in which there was a similar band-like constriction to the one mentioned by Dr. Burdick, and in which he resorted to craniotomy for delivery of the second child.

Dr. P. J. B. Wait reported a case of convulsions treated with *hyos.* After some general discussion the meeting adjourned.

CLARA C. PLIMPTON, M. D., *Rec. Sec.*

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

THE annual meeting of the Homœopathic Medical Society of the County of New York was held December 12, 1877, President Throop in the chair, and there were eighty-nine members present.

The Secretary reported the society in a flourishing condition, numbering nearly 175 members. There had been held during the year ten regular and two special meetings. The largest number in attendance at any one meeting was 72, and the smallest 27, against 56, the largest in 1876. The number of papers presented during the year was 22, together with numerous pathological specimens and clinical cases. The smallest number of papers presented any one evening was one, and the largest five. The number of members of bureaus responding with a report was 17, and the number that did not 41.

The Treasurer's report was read by the Secretary, which showed the treasury in a flourishing condition, with a balance on hand of \$331.19. Dr. Houghton explained the apparent discrepancy between his own account and Treasurer Carleton's.

The Bureau of Legislation reported through the chairman, J. W. Dowling, M.D., adversely to the resolution of Dr. Seeger, respecting public appointments, and the report was adopted as the sentiment of the society.

The Treasurer's report, showing delinquency on the part of several members of the society, upon motion, was referred to the Executive Committee.

The order of business of the evening being the election of officers, Drs. W. H. White, Finch, Currier and Demarest were appointed and acted as tellers. After the ballot had been taken for President, and before the result was announced, Dr. T. F. Allen challenged the votes of Drs. Rickaby and Carmichael, asserting that he did not do so on personal grounds. Drs. Rickaby and Carmichael responded by stepping forward to the Treasurer's desk and liquidating their indebtedness, at the same time stating

that they never had refused to honor any draft of the Treasurer upon them. Dr. Carmichael denied Dr. Allen's assertion, and said that his personal attitude towards him was well known, and that he should hold him personally responsible in the matter.

The following officers were elected for the ensuing year: President, Alfred K. Hills, M.D.; Vice-President, Charles E. Blumenthal, M.D.; Treasurer, E. Carleton, Jr., M.D.; Secretary, Arthur T. Hills, M.D.; Censors, J. Ralsey White, M.D., Samuel Swan, M.D., Joseph Finch, M.D., L. T. Warner, M.D., William M. Pratt, M.D.; Librarian, Alfred Wanstall, M.D.

HOM. MED. SOC. OF ALBANY CO.

At a meeting of the Albany County Homœopathic Medical Society, held at the hospital, Tuesday evening, December 11th, the following resolutions were unanimously adopted:

Resolved, 1st, That the pathological condition and the totality of the symptoms, primary and secondary, constitute the sole indications of the choice of the remedy.

2d, That the only proper way to ascertain the disease-producing properties of medicines is to prove them on the healthy; and only such effects of medicines are deemed of value as are plainly the result of the toxicological action of the substances proven.

3d, That in order to secure the best possible practical results, medicines should be mainly administered singly, and in doses, which, while sufficient to cure are not so small as to be inappreciable in quantity.

4th, That the local application of remedies in many non-surgical diseases is frequently admissible, and when properly employed in connection with appropriate internal treatment is often essential to a complete cure, and is not necessarily liable to abuse or to be followed by dangerous complications.

5th, That the theory of dynamization of drugs promulgated by Hahnemann in the *Organon* is, in the opinion of this society, false in theory, and should be discarded by the homœopathic profession.

WM. H. VAN DERZER, Sec'y.

THE position of House Surgeon of the New York Ophthalmic Hospital will be rendered vacant in May next, by the resignation of the present incumbent. It will be filled by a competitive examination before the Board of Surgeons on March 4th, 1878. Any physician in good standing is eligible to the position. Further particulars may be obtained from any member of the Board of Surgeons.

ALFRED WANSTALL, M.D., Res. Surg.

Bibliographical.

THE NATIONAL QUARTERLY REVIEW. Second Series. Edited by David A. Gorton, M. D.

The January Number of the *National Quarterly Review* is the third of the new series conducted by Dr. Gorton, a gentleman presenting, so to speak, the peculiar double diploma of Apollo himself, who, as everybody knows, was the divinity of both medicine and literature. Dr. Gorton having taken the place of the late Dr. Sears, has made a "new departure" in the plan of the publication and given it a more elegant outward appearance, along with what appears to be a more attractive order of literature, ranging over a very wide field, and including almost all those items of discussion and criticism that of right belong to the class of the *Quarterly Review*, such as the sciences and the arts, history, biography, philosophy in general, the national policy, and all the social questions and movements that "come home to men's business and their bosoms" in our day of multifarious thought and progress. In its criticisms of literature in all departments, ranging "from gay to grave, from lively to severe," its tone is honest and discriminating; and in its particular attention to the educational systems of the nation it shows a praiseworthy sympathy with what really concerns the highest interests of society. The philosophic editor, so peculiarly fitted by culture and taste for his literary task, is very cosmopolite in all his views, and desirous, apparently, to contribute as much as may lie in his power to the advancement of things in general: having a faith which some of the more saturnine order of moralists do not share, apparently, in the better tendencies of the world, bad as it may be, and in its gradual improvement, intellectually and materially, under the influences of the discoveries and inventions, and their application to the several economies of life. He is, in fact, an optimist in his forward views, and cheerfully disposed to work with those who would labor in the same cause. In this purpose he seems to have made many improvements on the previous mode and progress of the *Review*; while the names of those contributing to it under his management give promise of something still better.

Vires acquirit eundo may be put at the head of it as an additional motto. In fine, Dr. Gorton

as a man belonging to the most progressive school of thinkers, has every fair right to a happy success in his undertaking, since he does everything to deserve it, and carries with him the good wishes of all who love literature and would give philosophy and scholarship some fair chance of being heard in the hurry and rush of things, and the loud noises of the world about us. The *National Quarterly Review* is meant to be a point of union and common feeling for those whose leisure or avocation may allow them to investigate the higher and graver questions of social thought and speculation. The Germans and the French as most people are aware, love such questions; and, beyond a doubt, the American intellect is as capacious and capable of "tackling" them as that of any other people. After all, the theme of moral and social progress is a very grand one. The late estimable Horace Greeley seems to have felt this; for, having spent most part of his life in the turmoil of political contest and strategy, he expressed in the end a wish to turn from such a tempestuous way of life, and devote his thoughts and his journal to the great questions of social sciences and social development. But in his case the resolution came too late. Others will, however, go to work in the way thus indicated, and there will be no want of hands to transmit the torch of human enlightenment from one generation to another. Our best wishes go with those "torch-bearers" in every part of the world.

This number of the *Review* is of more than usual ability and excellence.

Its contents are: The National Interest and the Labor Question, Political, Economical and Ethical, by the Editor; The Mæcenas of Germany; Philology and the Origin of Speech; The Progress of Modern Astronomy; The supernatural; The Sheridans—A Rare Literary Family; The Rationale of the Death-Rate; John Lothrop Motley; Bibliography.

DR. BUKK G. CARLETON, late of the House Staff, and Special Pathologist to the Homœopathic Hospital, Ward's Island, has located at 246 West 25th street, and is prepared to make *post-mortem* examinations, analysis of urine, etc., as may be required. His large experience in this field of practice eminently fits him for any duties which he may assume.

Obituary.

DR. MERCY B. JACKSON.

DR. MERCY B. JACKSON died in Boston, Dec. 13th, 1877, at the advanced age of 76 years. Mrs. Jackson commenced practice in Plymouth, some thirty years ago, and was for many years a resident and successful practitioner in the city in which she ended her days. She was a woman of rare intellectual abilities, and enjoyed the unbounded confidence of all with whom she came in contact, and took an active interest in promoting the welfare of her sex. At the time of her death she was Prof. of Pædology in Boston University School of Medicine, which position she had occupied with great credit for some years.

JACOB JEANES, M. D.

JACOB JEANES, M. D., died in Philadelphia, December 18th, 1877, æt. 78. Dr. Jeanes was one of our oldest homœopathists, and well known from his various literary contributions. He was a most genial man, and greatly beloved by all who knew him. Dr. Hering, who enjoyed his most intimate acquaintance for many years, says, "he was an original character, a man of great ingenuity and independence of mind; liberal in his views, and never tried to force any one into his belief. He never kept anything secret, but freely gave to all the fruits of his experience," which will serve as "*Monumentum ære perennius*."

DR. CLOTAR MÜLLER.

DR. CLOTAR MÜLLER died suddenly on the 10th of November, 1877, at Lugano, Canton Tessin, Switzerland, whither he had gone in search of health. By the death of Dr. Müller our school loses one of its ablest and staunchest champions in Germany, and one, too, who can never be forgotten by the students of homœopathic literature. "*Requiescat in pace*."

THE new Hahnemann Hospital, Fourth ave., 67th and 68th streets, will shortly be opened for the reception of patients. The new building is one of the finest of its kind in the world, and will afford excellent accommodations for about one hundred patients.

Medical Items and News.

THE Board of Trustees of the Brooklyn Eastern District Homœopathic Dispensary are about to erect a building on South Third, between Fifth and sixth streets. The association has been in existence but five years, yet has accomplished much good among the poor of the District. At the end of the first year 2,612 patients were treated; at the end of the second year, 3,936; at the end of the third, 6,416; at the end of the fourth, 7,897, and at the end of the fifth year the unprecedented number of 10,283, making a total of 31,146, patients treated during the first five years of the Institution's existence. For the last three years the Dispensary has been located at the corner of Broadway and Fifth street, but its rapidly increasing business makes enlarged accommodations an indispensable necessity. The Board of Trustees accordingly determined to erect a dispensary building, and a site, consisting of two lots having a frontage of fifty feet and a depth of one hundred, was purchased; and, now that the plans have been approved, William Wright, M.D., President of the Institution, expresses the hope that the building will be completed or occupied by January 1, 1878. The building will be an ornament to that portion of the city in which it is to be erected. It will be under the style of Neo-Grecian, which is now so popular. The structure will be 38x38, which will allow of an alley six feet wide on each side of the building, and furnishing ample light and air for ventilation. The structure will be of brick, with iron trimmings painted in imitation of Ohio stone. It will be two stories in height with a mansard roof which will furnish another floor eight feet in height, to be used as a store room. The front will be relieved by a tower projecting two feet from the building and finishing about eight feet above the roof line. An ornamented breast rail will be placed on the upper cornice, and the tower be surmounted by a beautiful finial. The first floor, which will be placed three feet above the ground line, will be equally divided by a wide hall running the whole depth of the building. On this floor will be six prescribing rooms furnished with all the latest improvements and a large reception room for patients. Suitable retiring rooms will also be placed on the lower floor. On the second floor will be fitted up four rooms and a bath for the accommodation of a resident physician and apothecary. On this floor will also be a large "Trustee's Room," 13 ft. 9 in. by 16 ft. 6 in. It is intended to erect a good, substantial building, and it is the desire of the trustees to curtail all expenses not absolutely necessary, so as to secure the best material in the market to place in the structure. The plans of the building have been so drawn that it will be possible to construct a hospital in the rear of the present building, if such addition should ever be required.

The following gentlemen form the officers of the Institution: Wm. Wright, M.D., President; Hon. Demas Strong, Vice-President; James Hall, Vice-President; Wm. E. Horwill, Treasurer; James A. Falkner,

Secretary; William Cooper, J. R. Thomas, Wm. M. L. Fiske, M.D., A. M. Kalbfleisch, George Nicholas, M.D., F. B. Latimer, George B. Hooton.

MESSRS. BOERICKE & TAFEL continue to display their usual enterprise, and have now opened a branch house at New Orleans, La., connected with which is a consultation and reading room for the convenience of physicians, where a complete file of journals will be kept. If this most enterprising firm continues its ramifications, we may expect soon to hear of it "on the other side of the water," as it already nearly covers this continent. We wish it every success, and have no doubt that the efforts so generously bestowed upon the profession will be duly appreciated. Their publications and medicinal preparations are too well known to require extended notice.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, cor. Third Avenue and 23d St.—Report for the month ending November 30th, 1877: Number of prescriptions, 3,133; new patients, 315; patients resident in hospital, 39; average daily attendance, 131; largest, 182.

ALFRED WANSTAL, M.D., *Res. Surg.*

THE Medico-Ethical Society of London advocated the admission of homœopaths to our societies, and recommended that the question of consultation should be left to individual discretion and feeling.—*Medical Record.*

WE are pleased to learn that the special course on pathology of our esteemed colleague, Dr. A. S. Conch, in Hahnemann Medical College, Chicago, has resulted in the most flattering success, just as we knew it would.

BROOKLYN HOMŒOPATHIC HOSPITAL DISPENSARY.—During the month ending November 30, 1877, there were treated 991 new patients to 2169 prescriptions.—J. A. LEWIS, M.D.

POST-PARTUM hæmorrhages are arrested by the intra-uterine injections of *ergot* $\frac{ss.$ to \frac{iv} . of water, after the coagula have been removed from the uterus.

THE annual meeting of the Homœopathic Medical Society, of the State of New York, will be held in Albany, on Tuesday and Wednesday, the 12th and 13th February next.

DRACONTIUM (skunk cabbage), in the form of tincture, is highly recommended in chorea.

MALCOLM MACFARLAN, M.D., has removed to 1805 Chestnut Street, Philadelphia.